

United States Bankruptcy Court Southern District of Ohio Western Division at Dayton		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Midwest Therapy Associates Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): DBA Midwest Speech Therapy		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 31-1305705		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)	
Street Address of Debtor (No. and Street, City, and State): 3122 Wilmington Pike Kettering, OH <div style="text-align: right; margin-top: 5px;">ZIP Code 45429</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>	
County of Residence or of the Principal Place of Business: Montgomery		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above):			
Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	
Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input checked="" type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>			
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>			
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>			

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Midwest Therapy Associates Inc.**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Midwest Therapy Associates Inc.**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney*

X **/s/ Paul H. Spaeth** _____
Signature of Attorney for Debtor(s)

Paul H. Spaeth 0010524

Printed Name of Attorney for Debtor(s)

Paul H. Spaeth Co., L.P.A.

Firm Name

**7925 Paragon Rd., Ste. 101
Dayton, OH 45459**

Address

Email: spaethlaw@phslaw.com

(937) 223-1655 Fax: (937) 223-1656

Telephone Number

May 24, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **/s/ Jeffrey T. Joyner** _____
Signature of Authorized Individual

Jeffrey T. Joyner

Printed Name of Authorized Individual

President

Title of Authorized Individual

May 24, 2011

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X _____
Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Southern District of Ohio Western Division at Dayton

In re **Midwest Therapy Associates Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received	\$	<u>5,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify): **Jeffrey T. Joyner**

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify): **(If any additional fees should be owed for post-petition services)**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Review of bankruptcy options and financial situation, preparation of bankruptcy schedules, negotiations with secured creditors to reduce to market value; preparation and filing of reaffirmation agreements and applications as needed, representation of debtors at meeting of creditors, responses to requests for information for the Trustee, routine telephone calls.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in adversary proceedings, including, but not limited to dischargeability actions, contested matters such as lien avoidance actions or other adversary proceedings affecting Debtors and contested matters such as motions for relief from stay, Bankruptcy Rule 2004 examinations, motions for redemption. Specifically, the fee for representation of Debtors in any such matters is \$275.00 per hour plus reimbursement of expenses.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **May 24, 2011**

/s/ Paul H. Spaeth

**Paul H. Spaeth
Paul H. Spaeth Co., L.P.A.
7925 Paragon Rd., Ste. 101
Dayton, OH 45459
(937) 223-1655 Fax: (937) 223-1656
spaethlaw@phslaw.com**

United States Bankruptcy Court
Southern District of Ohio Western Division at Dayton

In re **Midwest Therapy Associates Inc.**,
 Debtor

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	11	290,580.00		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	4		693,889.39	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	10		137,539.25	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		657,168.98	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	2			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		44			
Total Assets			290,580.00		
Total Liabilities				1,488,597.62	

United States Bankruptcy Court
Southern District of Ohio Western Division at Dayton

In re **Midwest Therapy Associates Inc.**

Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	-	0.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Huntington Bank business operating account (funds set off by bank)	-	0.00
		Huntington Payroll account	-	0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit - lease on bus. premises	-	4,000.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **4,000.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		SEP IRA (Amerprise)--IRA for employees	-	0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Accounts receivable (subject to lien of Huntington National Bank) (about 35% collectible) (Debtor is holding A/R checks totaling \$17,841.19)	-	158,240.00
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **158,240.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.		Patient Records (stored in secure warehouse at 1010 N. Fourth St., Dayton, OH)	-	0.00
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Office equipment (\$21,100.00); Furniture and fixtures (\$15,487.00); Therapy supplies, toys and office supplies (\$3,000.00)	-	39,587.00
29. Machinery, fixtures, equipment, and supplies used in business.		Audiology equipment (\$30,179.00), Therapy Equipment (\$58,574.00),	-	88,753.00
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **128,340.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.		Leased equipment	-	0.00

Receivables (checks not cashed)

Payer	Date of Check	Amount
Allegiance Benefit Plan	2/8/2011	\$81.00
American Nsg. Care	2/8/2011	\$225.00
American Nsg. Care	3/11/2011	\$990.00
Bankers's Life	3/3/2011	\$301.82
BC/BS of Ala.	2/16/2011	\$2,975.00
Benefit Services	2/19/2011	\$237.75
Blackstone	2/28/2011	\$58.41
CareSource	2/8/2011	\$53.28
CareSource	2/25/2011	\$95.25
CareSource	2/6/2011	\$800.00
CareSource	2/18/2011	\$150.00
CareSource	2/4/2011	\$72.51
CareSource	1/30/2011	\$49.12
CareSource	2/1/2011	\$218.00
CareSource	2/23/2011	\$390.00
CareSource	2/2/2011	\$600.00
CareSource	2/10/2011	\$1,835.00
Cinn. Home Care	1/28/2011	\$420.00
Cinn. Home Care	1/28/2011	\$75.00
Connections Academy	2/17/2011	\$155.66
Continental Home Health	2/12/2011	\$58.00
CSMG Benefit Account	2/12/2011	\$403.02
Horizon Home Health	2/12/2011	\$70.48
Interim Health Care	1/31/2011	\$10.26
Interim Health Care	2/3/2011	\$242.50
Jeffrey Baumgardner	1/31/2011	\$66.46
Jeffrey Gensheimer	1/28/2011	\$77.20
Medicaid	1/29/2011	\$422.35
Medical Mutual	1/29/2011	\$32.88
Medicare	1/29/2011	\$1,276.48
Molina Healthcare	2/4/2011	\$925.00
Molina Healthcare	2/14/2011	\$200.51
Mont. Cty. Auditor	2/5/2011	\$45.36
Mont. Cty. Auditor	2/5/2011	\$201.66
Mont. Cty. Auditor	2/5/2011	\$101.64
ODJFS	2/4/2011	\$158.88
ODJFS	1/28/2011	\$233.86
ODJFS	2/11/2011	\$510.00
Physician Hosp. Alliance	2/8/2011	\$316.72
PSI Affiliates	2/17/2011	\$40.50

Ryan Innis	2/3/2011	\$794.09
Serenity Home Health	2/17/2011	\$1,250.00
TriCare	2/12/2011	\$112.30
TriCare	2/16/2011	\$59.77
United Healthcare	4/1/2011	\$3.72
Visiting Nurse Assoc.	3/17/2011	\$409.92

\$17,806.36

Jim Childers

3-3-11

31.57

Medicare

4-5-11

3.26

\$17,841.19

Assets

Furniture and fixtures	\$15,487.00
Audiology Equipment	\$30,179.00
Therapy Equipment	\$58,574.00
Office Equipment	\$21,100.00
Misc - therapy supplies, toys and office supplies	\$3,000.00
No Inventory	\$0.00
	\$128,340.00

Furniture and fixtures

2 5' x 3' metal storage unit	\$200.00	\$400.00
1 3' foot bookcase	\$150.00	\$150.00
5 1 drawer desk	\$120.00	\$600.00
25 cloth office chair	\$59.00	\$1,475.00
2 manager chairs	\$149.00	\$298.00
4 therapy table	\$350.00	\$1,400.00
7 basic chair - no arms	\$59.00	\$413.00
5 6' metal storage cabinet	\$399.00	\$1,995.00
1 4 sided paper rounder	\$399.00	\$399.00
3 2 drawer file cabinet	\$239.00	\$987.00
2 4 drawer file cabinet	\$239.00	\$478.00
2 4 drawer lateral file cabinet	\$695.00	\$1,390.00
2 3 drawer file cabinets on casters	\$279.00	\$558.00
3 L shaped desk unit	\$450.00	\$1,350.00
3 leather desk chair	\$149.00	\$447.00
1 Haier Welbit small frig	\$69.00	\$69.00
1 computer desk	\$200.00	\$200.00
2 leather stool with casters	\$240.00	\$480.00
1 Kenmore 3' high freezer	\$135.00	\$135.00
1 9' x 4' conference table	\$595.00	\$595.00
3 25" televisions	\$200.00	\$300.00
10 vinyl stacking chairs	\$49.00	\$490.00
2 cherry desk unit	\$439.00	\$878.00

\$15,487.00

Audiology Equipment

1	sound	\$14,730.00
1	boot door	\$450.00
1	Fonix FA-10 Audiometer	\$3,575.00
1	Tympanometer GS 139	\$4,150.00
1	OEA Equipment	\$5,145.00
1	Beltone Audiometer	\$1,329.00
1	otoscope	\$300.00
1	grinding wheel	\$500.00
		\$30,179.00

1 therapeutic stair unit	\$1,300.00
1 5 x 7 mat table	\$549.00
1 Tumble Forms balance beam	\$425.00
1 Midland Vari-Trac II Traction Unit	\$6,895.00
1 Chattanooga Grp Legend XT E-Stim unit	\$3,375.00
1 Chattanooga Grp Intellect Legend Ultra Sound	\$1,300.00
1 2' by 6' treatment table	\$490.00
1 Chattanooga Group Intellect Legend e-stim/ultra snd unit	\$4,625.00
1 Sonicator 740 e-stim unit	\$1,395.00
1 Excel Ultra III Therapeutic Ultrasound center	\$1,375.00
1 weight sled with weights	\$1,256.00
1 16 piece cold pack set	\$355.00
1 SSciFit Pro 1000 arm machine	\$3,433.00
1 4 sided weight rack with mirror	\$19,950.00
1 Life Fitness X3 Eliptical Machine	\$2,115.00
1 ProForm J6si treadmill with power incline	\$1,200.00
1 Life Cycle 8500 recumbent bike	\$1,699.00
1 Tropic Heater hydrocollater model 3539	\$1,595.00
1 Life Fitness Strength weight unit	\$2,299.00
1 9' parallel bar unit	\$1,795.00
1 5'x 7' mat table	\$549.00
1 Life Fitness leg press machine	\$599.00
	\$58,574.00

Office Equipment

3 Dell Optiflex 320 computer	3600
2 Compaq Preserio SR5710F Computer	1000
1 Ameritech Nortel phone system	5000
1 Microsoft Windows server	11500

\$21,100.00

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No.		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
A-Abel 440 Congress Park Drive Dayton, OH 45429	-	Rent on leased premises						102,500.00	102,500.00
		Value \$ 0.00							
FIRST DATA GLOBAL LEASING PO Box 173856 Denver, CO 80217	-	Lease						55.57	55.57
		Value \$ 0.00							
Huntington National Bank PO Box 182232 NC1W32 Columbus, OH 43229	X -	6/30/09 Lien Lien on inventory, equipment, accounts receivable, deposit accts, general intangibles						273,241.55	144,901.55
		Value \$ 128,340.00							
Huntington National Bank Attn: Bankruptcy Dept PO Box 89424 Cleveland, OH 44101	-	NOTICE ONLY						0.00	0.00
		Value \$ 0.00							
Subtotal (Total of this page)								375,797.12	247,457.12

3 continuation sheets attached

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 523371-2047479			Lease					
IKON Financial Services PO Box 9115 Macon, GA 31208-9115		-						
			Value \$ 0.00				233.11	233.11
Account No.			9/30/08					
INTERNAL REVENUE SERVICE Insolvencies PO Box 7346 Philadelphia, PA 19101		-	Tax lien Federal Tax lien (941), filed 4/24/09					
			Value \$ 0.00				59,957.00	59,957.00
Account No.			3/31/08, 6/30/08					
INTERNAL REVENUE SERVICE Insolvencies PO Box 7346 Philadelphia, PA 19101		-	Tax lien Federal tax lien (941), filed 10/31/08					
			Value \$ 0.00				129,688.00	129,688.00
Account No.			9/30/09, 9/30/10					
INTERNAL REVENUE SERVICE Insolvencies PO Box 7346 Philadelphia, PA 19101		-	tax lien Federal tax lien (941), filed on 1/19/11					
			Value \$ 0.00				29,378.00	29,378.00
Account No.			12/09, 3/31/10, 6/30/10					
INTERNAL REVENUE SERVICE Insolvencies PO Box 7346 Philadelphia, PA 19101		-	tax lien Federal tax lien (941)					
			Value \$ 0.00				81,712.00	81,712.00
Subtotal							300,968.11	300,968.11
(Total of this page)								

Sheet **1** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No.		940 tax					
INTERNAL REVENUE SERVICE Insolvencies PO Box 7346 Philadelphia, PA 19101	-						
		Value \$ 0.00				Unknown	Unknown
Account No.		NOTICE ONLY					
Internal Revenue Service PO Box 21126 Philadelphia, PA 19114	-						
		Value \$ 0.00				0.00	0.00
Account No.		NOTICE ONLY (representing Huntington National Bank)					
John P. Clemons, Esq. Weltman Weinberg & Reis 525 Vine St. #800 Cincinnati, OH 45202	-						
		Value \$ 0.00				0.00	0.00
Account No. 8000-9090-0107-2888		Lease-postage meter					
Pitney Bowes Purchase Power PO Box 5135 Shelton, CT 06484-7135	-						
		Value \$ 0.00				545.59	545.59
Account No.		Lease					
TCF Equipment Finance 11100 Wayzata Blvd. Suite 801 Hopkins, MN 55305	-	Lease on audiology equipment					
		Value \$ 0.00				169.85	169.85
Subtotal						715.44	715.44
(Total of this page)							

Sheet **2** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Midwest Therapy Associates Inc.**,
Debtor

Case No. _____

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 921926			Equipment Lease (copier/scanner)					
US Bank Office Equipment Finance 1310 Madrid Street Suite 1 Marshall, MN 56258		-						
			Value \$ 0.00				16,408.72	16,408.72
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							16,408.72	16,408.72
Total (Report on Summary of Schedules)							693,889.39	565,549.39

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)**☒ Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☒ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☒ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Midwest Therapy Associates Inc.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Domestic Support Obligations**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Greene County Common Pleas Court 45 N Detroit St. Xenia, OH 45385		-	Wage garnishment for employee Roy Boots					0.00
							171.39	171.39
Account No. Ohio Child Support Central PO Box 182372 Columbus, OH 43218		-	Child support payment owed for employee Chun Chu					0.00
							89.82	89.82
Account No. 								
Account No. 								
Account No. 								
Subtotal (Total of this page)							261.21	0.00 261.21

Sheet 1 of 9 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E	D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				Employee wage & benefit claim				115.89	
Angela Wilson 197 Lowell Rd. Xenia, OH 45385									0.00
									115.89
Account No.				Employee wage & benefit claim				979.49	
Chun Chu 2057 Grice Lane Kettering, OH 45429									0.00
									979.49
Account No.				Employee wage & benefit claim				118.08	
Douglas Clark 431 Coronado Trl Enon, OH 45323									0.00
									118.08
Account No.				Employee wage & benefit claim (includes SEP contributions owed of \$2,200.00)				2,530.29	
James Pritt 2040 Broken Trail Springfield, OH 45502									0.00
									2,530.29
Account No.				Employee wage & benefit claim				1,475.31	
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305									0.00
									1,475.31
Subtotal									
(Total of this page)								5,219.06	0.00 5,219.06

Sheet **2** of **9** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D W I F E J O I N T O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Employee wage & benefit claim				151.57	
Jessica Buchanan 8740 Castlecreek Dr. Centerville, OH 45458		-						0.00
								151.57
Account No.			Employee wage & benefit claim (includes SEP contrib owed by co. of \$850.00)				2,456.14	
Jessica Lee 1650 Brownleigh Rd. Kettering, OH 45429		-						0.00
								2,456.14
Account No.			Employee wage & benefit claim				287.30	
John Pearson 95 Bishopsbate Dr. #114 Cincinnati, OH 45246		-						0.00
								287.30
Account No.			Employee wage & benefit claim				932.86	
Joy King 4285 Amston Dr. Dayton, OH 45424		-						0.00
								932.86
Account No.			Employee wage & benefit claim				82.31	
Judith Baker 6307 Kingsbury Dr. Huber Heights, OH 45424		-						0.00
								82.31
Subtotal								
(Total of this page)							3,910.18	0.00
							3,910.18	3,910.18

Sheet **3** of **9** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Midwest Therapy Associates Inc.**

Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Wages, salaries, and commissions

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
								AMOUNT ENTITLED TO PRIORITY	
Account No.			Employee wage & benefit claim						
Karen Clark 727 Greenlawn Ave. Dayton, OH 45403		-							0.00
								252.71	252.71
Account No.			Employee wage & benefit claim						
Katie Dix Evans 306 Galewood Drive New Carlisle, OH 45344		-							0.00
								56.32	56.32
Account No.			Employee wage & benefit claim						
Manya Greene PO Box 292340 Kettering, OH 45429		-							0.00
								1,870.77	1,870.77
Account No.			Employee wage & benefit claim						
Marc Seitz 233 Napoleon Dr. Kettering, OH 45429		-							0.00
								653.99	653.99
Account No.			Employee wage & benefit claim						
Olivia Ruef 4385 Wehner Dr. Kettering, OH 45429		-							0.00
								325.76	325.76
Subtotal								0.00	
(Total of this page)							3,159.55	3,159.55	

Sheet **4** of **9** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Midwest Therapy Associates Inc.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Wages, salaries, and commissions**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				Employee wage & benefit claim					
Patricia Wunder 4532 Renwood Dr. Kettering, OH 45429		-						1,252.73	0.00
								1,252.73	1,252.73
Account No.				Employee wage & benefit claim					
Rebecca Florkey 375 N. Third St. Fairborn, OH 45324		-						864.03	0.00
								864.03	864.03
Account No.				Employee wage & benefit claim					
Roy Boots 2072 Richfield Dr. Kettering, OH 45420		-						523.19	0.00
								523.19	523.19
Account No.				Employee wage & benefit claim					
Sara Stump 4400 Airway Rd. Riverside, OH 45431		-						1,405.75	0.00
								1,405.75	1,405.75
Account No.				Employee wage & benefit claim					
Tanya Sheel 2320 Foxhill Dr. 2A Miamisburg, OH 45342		-						847.91	0.00
								847.91	847.91
Subtotal									0.00
(Total of this page)								4,893.61	4,893.61

Sheet 5 of 9 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Midwest Therapy Associates Inc.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Contributions to employee benefit plans**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Paula Maloney 4202 Country Glen Circle Beavercreek, OH 45432		-	Includes SEP contribution owed of \$937.69				952.53	0.00
								952.53
Account No. State of Ohio, Dept of Commerce Bureau of Labor & Worker Safety PO Box 4009 6606 Tussing Rd. Reynoldsburg, OH 43068-9009		-	NOTICE ONLY				0.00	0.00
Account No. 								
Account No. 								
Account No. 								
Subtotal (Total of this page)							952.53	0.00
								952.53

Sheet **6** of **9** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Midwest Therapy Associates Inc.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				Notice Only					
City of Centerville Tax Department 100 W. Spring Valley Centerville, OH 45458		-						0.00	
								0.00	0.00
Account No.				NOTICE ONLY					
City of Fairborn 44 W. Hebble Ave Fairborn, OH 45324		-						0.00	
								0.00	0.00
Account No.				Taxes					
City of Kettering Department of Taxation 3600 Shroyer Road Kettering, OH 45429		-						5,885.00	
								5,885.00	5,885.00
Account No.				NOTICE ONLY					
City of Valley View 6848 Hathaway Rd. Valley View, OH 44125		-						0.00	
								0.00	0.00
Account No.				NOTICE ONLY					
CITY OF XENIA DEPT OF INCOME TAXATION 101 N DETROIT STREET XENIA, OH 45385		-						0.00	
								0.00	0.00
Subtotal								5,885.00	0.00
(Total of this page)								5,885.00	5,885.00

Sheet 7 of 9 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Midwest Therapy Associates Inc.**

Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			Proposed penalties for 12/09, 3/10, 6/10, 9/10				86,346.36	
INTERNAL REVENUE SERVICE Insolvencies PO Box 7346 Philadelphia, PA 19101		-						0.00
Account No.			NOTICE ONLY				0.00	
OHIO ATTORNEY GENERAL COLLECTIONS ENFORCEMENT SECTION ATTN: BANKRUPTCY UNIT 150 E. GAY ST., 21st FLOOR COLUMBUS, OH 43215		-						0.00
Account No.			Workers' Compensation Premiums				2,697.00	
Ohio Bureau of Workers' Compensation Attn: Law Section Bankruptcy Unit PO Box 15567 Columbus, OH 43215-0567		-						0.00
Account No.			Tax for 9/09- 7/15/10				20,491.63	
OHIO DEPARTMENT OF TAXATION ATTN: BANKRUPTCY DIVISION PO BOX 530 Columbus, OH 43216-0530		-						0.00
Account No.			NOTICE ONLY				0.00	
Ohio Dept of Job & Family Services Collections Section PO Box 182404 Columbus, OH 43218-2404		-						0.00
Subtotal							109,534.99	86,346.36
(Total of this page)							109,534.99	23,188.63

Sheet **8** of **9** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re Midwest Therapy Associates Inc.
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.									
Ohio Dept. of Job and Family Services 30 E. Broad St. 32nd Floor Columbus, OH 43215		-						3,723.12	0.00
									3,723.12
Account No.			NOTICE ONLY						
US ATTORNEY 602 FEDERAL BUILDING 200 WEST SECOND STREET Dayton, OH 45402		-						0.00	0.00
									0.00
Account No.			NOTICE ONLY						
US ATTORNEY GENERAL MAIN JUSTICE BLDG RM 5111 10TH & CONSTITUTION AVE NW WASHINGTON, DC 20530		-						0.00	0.00
									0.00
Account No.									
Account No.									

Sheet 9 of 9 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)

3,723.12 0.00 3,723.12

Total
(Report on Summary of Schedules)

137,539.25 86,346.36 51,192.89

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 92762						
A-Abel Exterminating 440 Congress Park Drive Dayton, OH 45459		-				125.96
Account No. 5584-1897-0136-4444						
Advanta Advanta Bank Corp PO Box 8088 Philadelphia, PA 19101-8088	X	-				4,274.44
Account No. 3-0260-0030245						
Allied Waste 1577 West River Road Dayton, OH 45418		-				225.07
Account No.						
Allied Waste Services #260 PO Box 9001099 Louisville, KY 40290		-				0.00
Subtotal (Total of this page)						4,625.47

14 continuation sheets attached

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 3712 734988 31001	X	Charge account				3,541.48	
American Express PO Box 650448 Dallas, TX 75265-0448							
Account No.	-					938.10	
American General Life Companies PO Box 4373 Houston, TX 77210							
Account No. H3522	-					1,107.50	
American Hearing Aid Associates 225 Wilmington-West Chester Pike Suite 300 Chadds Ford, PA 19317							
Account No. 00032358-0000	-					114.00	
Anthem Life Department L-8111 Columbus, OH 43268-8111							
Account No. 4000097862-00800	-	Advertising				554.21	
AT&T Advertising Solutions PO Box 8112 Aurora, IL 60507-8112							
Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	
						6,255.29	

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4000097862-0000		Advertising				
AT&T Advertising Solutions PO Box 8112 Aurora, IL 60507-8112	-					2,436.64
Account No. 4000097862		NOTICE ONLY				
AT&T Advertising Solutions PO Box 500452 Saint Louis, MO 63150	-					0.00
Account No.		Services				
Avizent Frank Gates Services Company 5000 Bradenton Avenue Dublin, OH 43017	-					334.95
Account No. 5490-3536-8399-9196		Charge account				
B of A World Points PO Box 15026 Wilmington, DE 19850-5026	X -					16,502.84
Account No. 5474-9796-2620-8731		Charge account				
B of A World Points Business Card PO Box 15710 Wilmington, DE 19886-5710	X -					24,581.38
Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						43,855.81

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 749 23014 8762 09			Charge account				33,562.23
B of A World Points PO Box 15019 Wilmington, DE 19886-5019		-					
Account No. 749 23014 1235 78			Charge account				9,246.62
B of A World Points PO Box 15019 Wilmington, DE 19886-5019		-					
Account No. 6209							4,095.00
BANK OF AMERICA PO BOX 5270 CAROL STREAM, IL 60197-5270		-					
Account No. 3578							9,595.53
BANK OF AMERICA PO BOX 5270 CAROL STREAM, IL 60197-5270		-					
Account No.			Loans to business				50,000.00
Benjamin and Elizabeth Joyner 1099 Lockwood Rd. Barberton, OH 44203		-					
Sheet no. <u>3</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							106,499.38

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 6035320045693353		Charge account				369.58
Capital Management Services LP for Home Depot 726 Exchange St., Suite 700 Buffalo, NY 14210	-					
Account No. 4802-1326-0128-2869		Charge account				15,122.31
Capital One Capital One Bank PO Box 60599 City of Industry, CA 91716-0599	X -					
Account No. 4246-3151-2494-7183		Charge account				5,595.36
Chase PO Box 15298 Wilmington, DE 19850-5296	X -					
Account No. 4246-3151-3184-6097		Charge account				502.05
Chase Cardmember Services PO Box 15153 Wilmington, DE 19886-5153	X -					
Account No. 5582 5086 1141 9570		Charge account				3,674.16
Chase Ink Cardmember Services PO Box 1515 Wilmington, DE 19886-5153	X -					
Sheet no. <u>4</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 25,263.46

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			NOTICE ONLY- represents creditor garnishing wages from Debtor former employee Roy B. Boots				0.00
Cheek Law Offices c/o Aaron J. Wilson, Esq. 471 E. Broad St., 12th Fl. Columbus, OH 43215	-						
Account No.			Plowing services				600.00
Chris Mitchell 638 S. Alpha-Bellbrook Rd. Bellbrook, OH 45305	-						
Account No. 9372999337367							1,327.18
Cincinnati Bell PO Box 748003 Cincinnati, OH 45274	-						
Account No. 12127							1,569.15
Cincinnati Bell Technology Solutions 1507 Solutions Center Chicago, IL 60677-1005	-						
Account No. 652005778							1,643.15
Cincinnati Bell Wireless PO Box 1199 Cincinnati, OH 45201	-						
Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 5,139.48

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 5466-1602-3584-7173	X -	Charge account				21,298.48	
CITI Advantage CITI Cards PO Box 183051 Columbus, OH 43218							
Account No. 4260515	-	NOTICE ONLY				0.00	
Credit Management Company 2121 Noblestown Road Pittsburgh, PA 15205							
Account No. 8607455550 0	-	Services				909.42	
Dayton Power and Light PO Box 740598 Cincinnati, OH 45274							
Account No. 7711572788	-	Services				624.76	
Dayton Power and Light PO Box 740598 Cincinnati, OH 45274							
Account No. 6011-3985-7197-2464	X -	Charge account				1,336.62	
Discover Business PO Box 6103 Carol Stream, IL 60197-6103							
Sheet no. <u>6</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	
						24,169.28	

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 00000652005778		NOTICE ONLY				
Diversified Adjustment Services, Inc. PO Box 32145 Firdley, MN 55432	-					0.00
Account No.		Lease of water cooler (has been returned to lessor)				
Dolphin Capital 1720A Crete St Moberly, MO 65270	-					Unknown
Account No. 019-4761351-001						
Dolphin Capital Corp. PO Box 644006 Cincinnati, OH 45264-4006	-					218.78
Account No.						
DSM Supply LLC PO Box 699 Grapevine, TX 76099	-					210.80
Account No. 54017						
Emtech Laboratories, Inc. PO Box 12900 Roanoke, VA 24022	-					51.85
Sheet no. 7 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						481.43

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		NOTICE ONLY				
FIA Card Services PO Box 15019 Wilmington, DE 19850	-					0.00
Account No.						
First Data Global Leasing Box 173845 Denver, CO 80217	-					55.57
Account No.						
Galatek Henanado Corporate Air Park PO Box 15489 Brooksville, FL 34604-5489	-					309.76
Account No. 297107		NOTICE ONLY				
GB Collects, LLC 145 Bradford Dr. West Berlin, NJ 08091-9269	-					0.00
Account No. MID425						
Gordon N. Stowe & Associates 586 Palwaukee Drive Wheeling, IL 60090	-					456.08
Sheet no. 8 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						821.41

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. G 00-445002								
Guardian Midwest Regional Office PO Box 8012 Appleton, WI 54912-8012			-					1,146.44
Account No. 218213576992								
Huntington Merchant Services PO Box 17548 Denver, CO 80217			-					448.93
Account No.		Loan from shareholder						
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305			-					400,000.00
Account No. 5865908		NOTICE ONLY						
Joseph Mann & Creed 20600 Chagrin Blvd. Suite 550 Shaker Heights, OH 44122-5340			-					0.00
Account No.		Re: DSM Supply LLC NOTICE ONLY						
KD Factors*& Financial Services LLC PO Box 699 Grapevine, TX 76099			-					0.00
Sheet no. 9 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page) 401,595.37

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
Kettering Health Network Home Care 4428 Indian Ripple Road Dayton, OH 45440			-					2,265.00
Account No.		NOTICE ONLY						
Kramer & Associates c/o Matthew Weiss 401 Hackensack Ave., Ninth Fl. Hackensack, NJ 07601			-					0.00
Account No. 4798-5100-3935-7757		Charge account						
Liberty Savings Cardmember Services PO Box 6353 Fargo, ND 58125-6353	X		-					8,538.22
Account No.		NOTICE ONLY						
McCarthy, Burges & Wolff 26000 Cannon Road Cleveland, OH 44146			-					0.00
Account No. 13574990-000								
Medco Supply Company PO Box 21773 Chicago, IL 60673-1217			-					226.25
Sheet no. <u>10</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page) 11,029.47

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1363	-					
Microtech PO Box 9457 Minneapolis, MN 55440-9878						
						10,106.97
Account No. 248441-620132	-	Services				
Montgomery County Water Services 1850 Spaulding Road Dayton, OH 45432						
						329.97
Account No. 21595	-					
Oaktree Products, Inc. 716 Crown Industrial Court Chesterfield, MO 63005						
						100.97
Account No. 14543	-					
Oticon PO Box 8500-52843 Philadelphia, PA 19178-2843						
						788.92
Account No. 1533340	-					
Pearson 13036 Collection Center Drive Chicago, IL 60693						
						131.80
Sheet no. <u>11</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						11,458.63

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 641608						
Pitney Bowes 2225 American Drive Neenah, WI 54956	-					260.00
Account No.		NOTICE ONLY				
Pitney Bowes Purchase Power PO Box 5135 Shelton, CT 06484	-					0.00
Account No. 6099 001						
Pohlman & Talmage CPAs Inc. 3445 South Dixie Drive Suite 200 Dayton, OH 45439	-					3,800.08
Account No.						
Prosource 4720 Glendale-Milford Rd. Cincinnati, OH 45242	-					428.41
Account No.						
Russell Business Forms 196 Joy Elizabeth Drive Dayton, OH 45458	-					305.71
Sheet no. 12 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,794.20

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 104524399 Sammons Preston Patterson Medical 1000 Remington Blvd. Suite 210 Bolingbrook, IL 60440-5117		-					896.47
Account No. 119692 Siemens Hearing Instruments Inc. PO Box 1397 10 Constitution Avenue Piscataway, NJ 08855-1397		-					8,377.32
Account No. 70056888 Sonic Innovations PO Box 573630 Salt Lake City, UT 84157-3630		-					44.38
Account No. United Health Care Ins. Co. Oldsmar Service Center PO Box 30555 Salt Lake City, UT 84130		-					50.00
Account No. Vectren Energy Delivery PO Box 6262 Indianapolis, IN 46206		-	Services				788.61
Sheet no. 13 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;"> Subtotal (Total of this page) </div>							10,156.78

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Services				
Vectren Energy Delivery PO Box 6262 Indianapolis, IN 46206	-					313.47
Account No. 4044031		NOTICE ONLY				
Vengroff, Williams & Associates, Inc. PO Box 4155 Sarasota, FL 34230	-					0.00
Account No. 3959551		NOTICE ONLY				
Virtuoso Sourcing Group PO Box 5818 Denver, CO 80217	-					0.00
Account No. 281424						
Widex Hearing Aid Company 35-53 34th Street Astoria, NY 11106	-					111.00
Account No.						
ZirMed 888 West Market Street 4th Floor Louisville, KY 40202	-					599.05
Sheet no. 14 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,023.52
						Total (Report on Summary of Schedules)
						657,168.98

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
A-Abel 440 Congress Park Drive Dayton, OH 45429	Lease on premises at 3122 Wilmington Pike, Kettering, Ohio
First Data Global Leasing PO Box 173856 Denver, CO 80217	Lease
IKON Financial Services PO Box 9115 Macon, GA 31208-9115	Lease on copiers
Pitney Bowes Purchase Power PO Box 5135 Shelton, CT 06484-7135	Lease on postage equipment
TCF Equipment Finance 11100 Wayzata Boulevard Suite 801 Minnetonka, MN 55305	Lease on audiology equipment (Euro Scan). Lease assigned to TCF Equipment Finance Inc. by Popular Equipment Finance Inc.
US Bank Office Equipment Finance 1310 Madrid Street Suite 1 Marshall, MN 56258	Lease on copier and scanner equipment

In re **Midwest Therapy Associates Inc.**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Advanta Advanta Bank Corp PO Box 8088 Philadelphia, PA 19101-8088
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	American Express PO Box 650448 Dallas, TX 75265-0448
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	B of A World Points PO Box 15026 Wilmington, DE 19850-5026
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	B of A World Points Business Card PO Box 15710 Wilmington, DE 19886-5710
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Capital One Capital One Bank PO Box 60599 City of Industry, CA 91716-0599
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Chase PO Box 15298 Wilmington, DE 19850-5296
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Chase Cardmember Services PO Box 15153 Wilmington, DE 19886-5153
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Chase Ink Cardmember Services PO Box 1515 Wilmington, DE 19886-5153
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	CITI Advantage CITI Cards PO Box 183051 Columbus, OH 43218
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Discover Business PO Box 6103 Carol Stream, IL 60197-6103

In re Midwest Therapy Associates Inc.,
Debtor

Case No. _____

SCHEDULE H - CODEBTORS
(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Liberty Savings Cardmember Services PO Box 6353 Fargo, ND 58125-6353
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Huntington National Bank PO Box 182232 NC1W32 Columbus, OH 43229

United States Bankruptcy Court
Southern District of Ohio Western Division at Dayton

In re **Midwest Therapy Associates Inc.**

Debtor(s)

Case No. _____
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the President of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **46** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **May 24, 2011**

Signature **/s/ Jeffrey T. Joyner**
Jeffrey T. Joyner
President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Southern District of Ohio Western Division at Dayton

In re **Midwest Therapy Associates Inc.**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$1,342,265.00
\$1,462,106.00
\$1,088,720.00
\$82,860.34

SOURCE
2009 (net loss of \$65,251)
2008 (net loss of \$180,532)
2010 (net loss of \$89,142.00)
2011 YTD (net loss of \$2,646.76) Copy operated one month in 2011 (1/2011)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
Jeffrey T. Joyner Owner/President	Ordinary course net paychecks between 5/2010 through 12/2010	\$11,582.32	\$401,475.31

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Huntington Nat'l Bank v. Midwest Therapy Assoc's Inc. et al. Case No. 2009-cv-1372	Judgment- Cognovit note	Greene County Common Pleas Court Xenia, Ohio	Judgment granted 12/11/09 in amount of \$272,674.41 + interest and costs

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Huntington National Bank	2/4/11	Attachment of 2 bank accounts. \$19,666.01, as follows: 2/3/11-\$11,732.11 2/9/11-\$75.79 2/4/11- \$5,241.22 2/9/11-\$752.19 2/14/11-\$399.31 3/24/11-\$1,465.39

5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
PAUL H SPAETH CO LPA 7925 Paragon Rd., Ste. 101 Centerville, OH 45459	1/25/11 (Jeffrey T. Joyner)	\$1,360.00
PAUL H SPAETH CO LPA 7925 Paragon Rd., Ste. 101 Centerville, OH 45459	2/7/11 (Jeffrey T. Joyner)	\$3,939.00 (includes filing fee of \$299.00)

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
Huntington National Bank	2/4/11- 3/24/11	19666.01

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.			
NAME	(ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Jeffrey T. Joyner
3171 Spillway Ct.
Bellbrook, OH 45305

DATES SERVICES RENDERED
2009- Present

NAME AND ADDRESS

Jessica Lee
1650 Brownleigh Rd.
Kettering, OH 45429

DATES SERVICES RENDERED

2009- Present

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

Huntington National Bank
PO Box 182232
NC1W32
Columbus, OH 43229

DATE ISSUED

2009

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS

21 . Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

Jeffrey T. Joyner
3171 Spillway Ct.
Bellbrook, OH 45305

TITLE

President, Secretary, Treasurer

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP

100% owner

22 . Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Jeffrey T. Joyner 3171 Spillway Ct. Bellbrook, OH 45305	Salary	\$25,688.40 (per W-2 for TY 2010)

24. Tax Consolidation Group.

- None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

25. Pension Funds.

- None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date May 24, 2011

Signature /s/ Jeffrey T. Joyner
Jeffrey T. Joyner
President

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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A-Abel Exterminating
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Allied Waste Services #260
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American Express
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American General Life Companies
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American Hearing Aid Associates
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Angela Wilson
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Xenia, OH 45385

Anthem Life
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Columbus, OH 43268-8111

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AT&T Advertising Solutions
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Frank Gates Services Company
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Capital One Bank
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City of Industry, CA 91716-0599

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Wilmington, DE 19850-5296

Chase
Cardmember Services
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Chase Ink
Cardmember Services
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CITI Advantage
CITI Cards
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100 W. Spring Valley
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City of Fairborn
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Department of Taxation
3600 Shroyer Road
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City of Valley View
6848 Hathaway Rd.
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Appleton, WI 54912-8012

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Columbus, OH 43229

Huntington National Bank
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Ohio Child Support Central
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Indianapolis, IN 46206

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Virtuoso Sourcing Group
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Denver, CO 80217

Widex Hearing Aid Company
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Astoria, NY 11106

ZirMed
888 West Market Street
4th Floor
Louisville, KY 40202

**United States Bankruptcy Court
Southern District of Ohio Western Division at Dayton**

In re **Midwest Therapy Associates Inc.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Midwest Therapy Associates Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

May 24, 2011

Date

/s/ Paul H. Spaeth

Paul H. Spaeth

Signature of Attorney or Litigant

Counsel for **Midwest Therapy Associates Inc.**

Paul H. Spaeth Co., L.P.A.

7925 Paragon Rd., Ste. 101

Dayton, OH 45459

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